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Approved for use through 11,00/2011. OMB 0651-0035

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: Practitioners associated with the Customer Number: 79175 Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Name Registration Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3,73(b) to: 1 79175 The address associated with Customer Number: OR

Assignee Name and Address:

Individual Name Address City

Acushnet Company

Country Telephone

333 Bridge Street

Fairhaven, Massachusetts 02719

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,

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and must identify the application in which this Power of Attorney is to be filed.

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee		
Signature	1/1/2	Date /-23-09
Name	Troy R. Lester	Telephone (508) 979-2000
Title	Assistant Secretary	

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes you conceive the processor and approximation. Completed application form to the USFN. Them will very depending upon the architical state. Any comments on the amount of time you require to complete displacation form to the USFN. The will very depending upon the architical class. Any comments on the amount of time you require to complete this form another progressions for reducing this burden, should be sent to the Chief Information Color Text. Per sent and the Chief Information Chief Information Chief Information Chief Information Chief FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.